



## 2018 Open Enrollment Interactive Benefits Guide: Captioning Documents (Transcripts) For State Agency Employees

**Important:** The following document provides the captioning (scripts) of the audio presented in the online Open Enrollment Interactive Benefits Guide. To view the online guide, visit [de.gov/statewidebenefits](http://de.gov/statewidebenefits) (Select the “Open Enrollment” button, then choose your group).

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### **Welcome**

Welcome to the Open Enrollment Interactive Benefits Guide. The guide uses audio, screen interaction and navigation demos of the Statewide Benefits Office (SBO) website to help users learn about the benefits they are eligible for through the State of Delaware. The guide was created to assist you in being a wise health care consumer when selecting the benefit plans that best meet the needs of you and your family during Open Enrollment.

## **Navigation**

In order to ease your user experience in this guide, we will first review some of the most important navigation tips. If you would like to skip this navigation information, feel free to select the Main Menu link in the Navigation Panel on the left to access the content of the guide.

Once the navigation demonstration ends, you will be able to view the Main Menu. From this Main Menu, you will need to select the group that you belong to by clicking on one of the following headers:

- Active State Employees
- State Non-Medicare Pensioners
- State Medicare Pensioners
- Participating Group Employees
- COBRA Participants

Under the header, there is a brief description of the members that belong in the group and a button to access the section of the guide that applies to members of that group. Once you have clicked the button, the “What’s New” page for your selected group will appear. From this page, you can access the Menu button on the top left side of the screen. You can use this Menu button to navigate to all of the benefit information that applies to the group you selected. Notice that the header for any of the screens under the Menu button provides the name for the group that you selected.

Once you have selected an option from the Menu button, audio will begin and information will be displayed on the screen. There are several buttons that will allow you to control what you are viewing and hearing on the screen:

- If you need to, you can view the captioning for the screen that you are viewing by selecting the Closed Caption icon.
- The volume button can be used to adjust the volume of the audio or you can use the volume button for your computer or device.
- You can play or pause the information by clicking this button.
- If you want to rewind or fast forward the content, click and drag the progress bar. If you drag it to the left you can rewind the material on the screen and dragging it to the right will fast forward the material.
- If you want to restart the information for the screen that you are viewing, click this button.

Once the progress bar reaches the end for the screen you are viewing, you can learn additional information about the topic by clicking any links that appear on the screen. These links will take you to the SBO website in order to access additional information. If you choose to use the link, the website will open in a separate window - this way you can close that window when you are done browsing the website and easily return to the guide. If you do not want to use the link on the screen, you can use the Menu button to view additional information for your group.

Another helpful feature is the Resource menu. If you click Resources, you will notice a few web links that allow you to navigate to additional benefit information. There are also takeaway documents for each of the groups that provide the highlights of the information in this interactive guide.

The Navigation menu at the top of the screen can be used to quickly navigate through the course. You can simply click the link for the Main Menu or the “What’s New” page for any of the groups to navigate

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to that page. Remember, once you are on the “What’s New” page for any group, you can use the Menu button at the top of the screen to view information that is applicable to your group.

There is also a Glossary tab to the left that provides the definition for various benefit-related terms. You can access the Glossary at any time while using this guide.

When you are done viewing the information in this guide, simply close the viewing window. The link to the guide will remain on SBO’s website throughout the Open Enrollment period if you ever want to view it again.

### **Main Menu**

Active State Employees are divided into two groups - State Agency Employees and DOE, School District, Charter School, DTCC and DSU Employees. If you hover over either of the yellow buttons, you will see a more detailed description of the members for the group as well as the dates for their specific Open Enrollment period. If you are not an Active State Employee, click one of the other headers on this screen to access benefit information that is applicable to you.

### **Benefits Open Enrollment for State Agency employees is May 13 - 25, 2018:**

State Agency Employees are individuals who are employed by a State Agency such as DHSS, DNREC, DOS, DOJ, DeIDOT, OMB, etc.

Please note: Delaware Transit Corporation (DTC) employees need to select the header for Participating Groups.

### **What’s New**

Each year, benefit-eligible employees and pensioners are given an important opportunity during Open Enrollment to review and make changes to their benefit elections for the upcoming plan year. The 2018 Benefits Open Enrollment period is for the plan year beginning July 1, 2018, and is your once-a-year chance to enroll or cancel coverage; to change plans, and add or drop coverage for your eligible spouse and dependent children.

The State of Delaware wants you to take action this May to make sure you are enrolled in the benefit plans that provide the **BEST VALUE** for you and your family! Getting the **BEST VALUE** means reviewing your benefit options (what do the plans offer, what providers are in the plan’s network and how much will services cost?) and making informed decisions about what plans are most affordable and aligned with your needs. Making informed decisions regarding your benefit plan selections is an important step towards helping the State of Delaware to control rising health care costs and to maintain high quality, affordable options. The benefit plan premiums (or rates) for the health, dental and vision plans will not change on July 1, 2018. However, there are a number of health benefit design changes intended to help you obtain the same level of quality and service at reduced costs to you and the State of Delaware. Here is *What’s New* during this year’s Open Enrollment:

- Laboratory and imaging services cost less at **non-hospital** affiliated freestanding facilities, offer great quality and convenient locations, operating hours and scheduling. Beginning July 1, 2018, copays for basic and high-tech imaging and lab services under the Aetna HMO and Highmark Delaware Comprehensive PPO plans will be changing. View the cost comparisons on the screen. Members enrolled in these plans who utilize the preferred site-of-care for basic and high-tech imaging and lab services will pay the lowest copay or even nothing out of pocket for services such

as X-rays, ultrasounds, mammography and MRIs. So, when your doctor orders outpatient lab and imaging services, you can save both time and money by choosing the preferred site-of-care: non-hospital affiliated freestanding facilities.

- Aetna and Highmark Delaware have designated certain health care facilities within their provider network as Centers of Excellence, or simply COE Facilities. COE Facilities, sometimes referred to as Blue Distinction Centers, Institutes of Quality or Institutes of Excellence, have been identified as delivering high quality services and superior outcomes for specific procedures or conditions. This means improved outcomes and reduced cost, which includes delivering surgery and post-operative care more efficiently and with lower risk of complications and readmissions. Beginning July 1, 2018, members having **orthopedic (such as knee or hip replacement surgery) and spine procedures (such as a spinal fusion or laminectomy)** under the Aetna HMO and Highmark Delaware Comprehensive PPO plans will have the lowest copay when performed at a COE Facility. View the cost comparisons on the screen. Get the quality of care you and your family deserve! Choose a COE Facility for your orthopedic and spine services.
- There are additions to preventive care covered at 100%. Beginning July 1, 2018 under the Aetna or Highmark non-Medicare health plans:
  - o Annual mammography for women ages 40 and older, including 3-D
  - o Generic low to moderate dose statins (for preventive and non-preventive use) will be covered for members 40 to 75 years of age through the Express Scripts Prescription Drug Plan. Statins are a class of drugs that lower the level of cholesterol in the blood, which can help prevent heart attacks and strokes.

Check your plan for complete details and prior authorizations on preventive care covered at 100%. Preventive care is one of the most important ways to keep you and your family healthy.

- The State of Delaware is offering a special enrollment opportunity to allow benefit eligible active State of Delaware and Delaware Solid Waste Authority (DSWA) employees the ability to enroll or increase Group Universal Life (GUL) Insurance coverage during Open Enrollment up to the specified limits noted without providing proof of good health (also known as Evidence of Insurability) to Securian. Here is the special offering:
  - o Employees not currently participating in the GUL program may elect coverage up to the guaranteed issue limit of the lesser of 3x salary or \$200,000.
  - o Employees currently participating in the GUL program may increase their GUL coverage by one level up to the guaranteed issue limit of the lesser of 3x salary or \$200,000.
  - o Employees currently enrolled for \$10,000 of child life coverage may increase coverage to \$20,000 without providing proof of good health.

Employees who want to increase or elect coverage above the guaranteed issue limit are encouraged to do so; however, coverage amounts greater than the specified limits noted here, or if elected outside of Open Enrollment, will require proof of good health. Employees

previously declined coverage by Securian are not eligible for this guaranteed issue opportunity. Employees with ported coverage are also not eligible.

Premiums (or rates) for the Group Universal Life Insurance Program will increase a modest 6.6% on July 1st.

- State of Delaware benefit-eligible active employees will see a number of enhancements when logging into State of Delaware Employee Self-Service and accessing Benefits Enrollment and the Spousal Coordination of Benefits form:
  - o Personal contact information pop-ups will appear and employees will be asked to confirm their preferred choices to receive communications. This ensures employees receive important materials and updates from the Statewide Benefits Office (SBO) and their benefit plan vendors.
  - o Employees will receive email confirmations at their preferred email address after completing their benefits enrollment and Spousal Coordination of Benefits form (if covering a spouse for the plan year that begins July 1, 2018).
- The State of Delaware Spousal Coordination of Benefits Policy has been modified to include **additional** situations where a spouse **MUST** enroll in their employer coverage. Benefit-eligible active employees and non-Medicare pensioners who will cover a spouse in one of the State of Delaware's Group Health Insurance plans **MUST** fully comply with the Spousal Coordination of Benefits Policy. This includes the requirement to complete a Spousal Coordination of Benefits form during the Open Enrollment period. The form is used to determine a spouse's eligibility to receive primary coverage in a State of Delaware Group Health Insurance plan and to certify if the spouse has other health care coverage available through his or her employer or former employer. Information on the Spousal Coordination of Benefits Policy including an informational video and a chart with examples are available on the SBO website.
- On July 3, 2017, legislation was passed by the General Assembly and signed by Governor Carney requiring employees of the State of Delaware (which includes all State Agencies, Department of Education, School Districts, Charter Schools, Delaware Technical Community College and Delaware State University) to **actively participate** in the Open Enrollment process each year by selecting a health plan or waiving coverage. For the 2018 Benefits Open Enrollment, we are requesting every benefit-eligible employee follow the **VALUE FIVE Call To Action** Steps to **actively participate**.

Now that you have learned what's new, be an engaged consumer and actively participate in this year's Open Enrollment process by following the **VALUE FIVE** Call To Action steps noted on the screen.

### **Enrollment Action Checklist**

The Statewide Benefits Office created an Open Enrollment Action Checklist to help you navigate the Open Enrollment process and understand what to do in order to enroll or make changes to your benefit elections.

Select the button on the screen to access a PDF copy of the Enrollment Action Checklist.

### **Benefits – Health**

You have the option to choose from one of four health plans administered by either Highmark Delaware or Aetna. Let's first look at the plans administered by Highmark Delaware. These plans include the First

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State Basic PPO Plan and the Comprehensive Preferred Provider Organization (PPO) Plan. Both plans are a PPO Plan meaning that there is both in-network and out-of-network coverage and the plans also have plan year deductibles. For example, the First State Basic PPO Plan in-network services have a deductible of \$500 per individual and \$1,000 per family and then the plan will pay at 90% of the Highmark Delaware allowable charge.

The Comprehensive Preferred Provider Organization (PPO) Plan also has in- and out-of-network coverage. However, by using in-network services, you will pay only a small copay or coinsurance with no deductible. More than 98% of services State of Delaware members seek are in-network, but you have the added benefit of out-of-network services, if needed, subject to a plan year deductible.

Learn more about what the Highmark Delaware plans cover and what the costs are, by visiting the SBO website. Select “Benefit Programs,” choose “Health” then select “Highmark Delaware.” To determine the monthly premium for each of the health plans, refer to the rate sheet for the upcoming plan year. You can view the Summary of Benefits and Coverage (SBC) for the First State Basic PPO Plan and the Comprehensive PPO Plan. On this link, you can also access Highmark Delaware’s website, find a health provider and more.

Let’s now look at the plans administered by Aetna. These plans include the Aetna CDH Gold Plan with an HRA and the HMO Plan. The Aetna Consumer Directed Health (CDH) Gold Plan with a Health Reimbursement Account (HRA) is a PPO Plan with an in-network plan year deductible of \$1,500 per individual and \$3,000 per family. The HRA is a fund of \$1,250 per individual and \$2,500 per family to help cover your eligible health expenses. Here is how it works - each year, the State funds the health reimbursement account - the fund - for you so that you can use the fund dollars to pay eligible out-of-pocket health care costs including the costs for services you receive before you satisfy the deductible. This means that you have less to pay out of your own pocket. Once you satisfy your in-network deductible, your health plan pays at 90% of the Aetna allowable charge. If you don’t use the all of your fund dollars in one year, unused amounts will roll over to the next plan year as long as you remain in the CDH Gold Plan.

The Aetna HMO Plan is an in-network only plan but it includes both a local and broader national network so it is important to make sure the doctors and hospitals you use can accept the Aetna HMO coverage before you enroll. There is no out-of-network coverage under this plan which means that you will be 100% responsible for the cost of any services you receive from a provider or hospital that is not in the Aetna HMO network. Members in this plan are also required to select a Primary Care Physician (PCP) upon enrollment. Members who do not select a PCP upon enrollment will be automatically assigned one by Aetna. Members can find PCPs and provider numbers by using Aetna’s Doc Find website. Members always have the flexibility to change their PCP at any time by simply contacting Aetna. Choosing a PCP is essential as your PCP will assist in managing and coordinating your care. Referrals are required for most services and are obtained through your PCP.

Learn more about what the Aetna plans cover and what the costs are, by visiting the SBO website. Select “Benefit Programs,” choose “Health” then select “Aetna.” To determine the monthly premium for each of the health plans, refer to the rate sheet for the upcoming plan year. You can view the Summary of Benefits and Coverage (SBC) for the HMO Plan and CDH Gold Plan. Check out the FAQs to learn how the CDH Gold Plan works. You can also access Aetna’s website and mobile app, find a health provider using Doc Find as well as view Aetna’s PCP Referral Chart to see how the HMO referral process works and more.

It is also important to note that most preventive care is covered at 100% for all health plans. The list of preventive services covered by Highmark Delaware or Aetna can be found by selecting “DelaWELL Health Management,” then “Preventive Care.”

### **Benefits – Prescription**

When you enroll in a State of Delaware health care plan, you are automatically enrolled in the prescription drug plan managed by Express Scripts. **The Spousal Coordination of Benefits (SCOB) policy also applies to prescription coverage.**

The State of Delaware list of covered medications (also known as the formulary) contains guidelines that can assist you with managing your prescriptions, identifying generics and choosing the most effective medications at the most reasonable price. Please note the formulary may change periodically as Express Scripts reviews and updates the plan's list of covered medications each year.

The amount you pay as your share of the cost for a prescription drug will vary depending on the specific medication and the number of days prescribed. The copayment is different for Tier 1 Generic, Tier 2 Preferred and Tier 3 Non-preferred drugs.

Generic drugs are approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand-name drug. Generally, a generic drug works the same as a brand-name drug and usually costs less.

Your Express Scripts plan includes a Generic vs. Brand Medications Choice Program, which allows you to purchase a brand medication when a generic equivalent is available. However, you will pay the generic copay plus the cost difference between the generic and the brand medication.

If there is a medical reason why you cannot take the generic equivalent, you, your doctor or your pharmacist may initiate a coverage review to allow you to obtain the brand-name drug at the non-preferred copay. These authorizations are effective for a one year period, and must be submitted for renewal annually.

The Express Scripts Prescription plan includes several member cost saving programs such as:

The **Maintenance Medication Program**, under which members fill 90-day prescriptions for maintenance medications for only two times the 30-day retail copayment. All 90-day prescriptions for non-specialty maintenance medications can be filled at any participating retail pharmacy or through Express Scripts Home Delivery. **Please note:** (1) You are required to fill certain long-term medications using 90-day fills or you will pay a penalty copay (see the Maintenance Medication Program information for more details). (2) Not all medications are available in a 90-day supply.

Under the **Preventive Medication & Services** program, members may receive certain preventive medications at no cost through the Express Scripts prescription drug plan, subject to age and other limitations. To obtain these preventive medications at no cost, the member must present a doctor's prescription for the medication to a participating Express Scripts pharmacy, even if the medication is available over the counter (OTC).

Under the **Diabetic Program**, members may obtain diabetic supplies (lancets, test strips, syringes/needles) at a participating retail pharmacy, a 90-day participating retail pharmacy, or through

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the Express Scripts Pharmacy (mail order) at no cost. Multiple prescriptions for diabetic medications provided via Express Scripts at a 90-day participating retail pharmacy or the Express Scripts Pharmacy and purchased at the same time may be obtained for one copay.

Did you know that you can choose **Retail or Home Delivery**? Members may fill prescriptions for up to a 90-day supply of medication at any 90-day participating retail pharmacy or through Express Scripts Home Delivery, via the Express Scripts Pharmacy. Shipping is free and you can request refills by phone or online at Express-Scripts.com. To get started, mail the prescription, a completed mail-order form, and payment to Express Scripts Pharmacy, or ask your doctor to fax the prescription to Express Scripts Pharmacy by calling 1-888-327-9791 for instructions.

The **Coverage Review Programs** ensure you are receiving prescription medications that result in appropriate, cost-effective care. Examples include Step Therapy where certain medications may not be covered unless you have first tried another medication or therapy; Preferred Specialty Management which uses prior authorization and step therapy to ensure that you are taking the most clinically appropriate, cost-effective medication first; and quantity rules that are in place for several medications including narcotics and other controlled substances to comply with Federal Food and Drug Administration guidelines. In these examples, Express Scripts will need to review additional information from your doctor before a decision is made if the prescription medication can be filled under your plan.

For more information, contact Express Scripts Customer Service 24 hours a day, 7 days a week, toll-free at-1-800-939-2142. Pharmacists are available around the clock.

More detailed Express Scripts Prescription Drug Plan information can be found online on the SBO website. Select "Benefit Programs," choose "Prescription," then choose "Non-Medicare Prescription Plan." The Prescription Drug Plan Frequently Asked Questions (FAQ) provides answers to the most commonly asked questions about the Express Scripts Prescription Drug Plan.

**Benefits – DelaWELL Health Management Program**

All of your health and wellness programs, services and information come from one source - your trusted health plan carrier! Enrolling in a State of Delaware Group Health Plan provided by Highmark Delaware or Aetna gives you free, automatic, confidential access to their online resources, a 24/7 nurse line, health coaching, online health assessments and disease management/care coordination programs. A licensed professional Health Care Advisor (or Health Coach) may call if you have a health condition to offer you services to better manage your health. You are encouraged to take the call as what you learn could make a real difference in improving your health and quality of life.

The greatest wealth is having your health! The State of Delaware encourages you to focus on the things that really matter like leading a happy and healthy life. In addition, participation in the DelaWELL Health Management Program is an effective way to help manage long-term health care costs for you and for the State of Delaware.

The State of Delaware is encouraging members who are enrolled in either a non-Medicare Highmark Delaware Plan or Aetna Plan to complete these two simple steps:

**1. Schedule and attend your Annual Physical Exam** - Most preventive care is covered 100% (no charge to you). Your doctor (Internal Medicine, General Practitioners, Family Practice and GYNs) can provide annual physicals, as well as identify and treat small problems before they become serious. During a

routine physical, your doctor can measure things like your height, weight and blood pressure, review your health history and make sure you are up to date with your age-appropriate screenings. A regular exam is a great way to help strengthen your doctor-patient relationship.

**2. Complete your online Health Assessment (Wellness Profile)** - It is a simple online survey, located on the Highmark Delaware and Aetna websites, which helps you understand where you stand with your health and provides an action plan and recommendations that can help you to maintain or improve your well-being. When completing your online Health Assessment, be sure to have your latest biometric numbers handy from your annual physical exam, as it will ask for this information.

For additional information on the DelaWELL Health Management Program and the services and programs offered through Highmark Delaware and Aetna, visit the SBO website. Select “Benefit Programs,” then choose “DelaWELL Health Management.” Here you will find information on gym and wellness discounts, smart consumerism and the wellness and disease management/care coordination benefits provided through the health plan carriers.

### **Benefits – Dental**

Delta Dental and Dominion National administer the State’s dental programs. It is important to note that enrollment in these plans is a binding election. This means the contract holder cannot terminate their dental enrollment outside of Open Enrollment. The only changes permitted are to add or drop coverage for a dependent based on certain qualifying events during the plan year.

**The Delta Dental PPO Plus Premier Plan** allows you to see any dentist you choose and receive applicable benefits. You can choose a dentist from the Delta Dental Premier network, the Delta Dental PPO network or a dentist who does not participate with Delta Dental. However, you’ll maximize your savings if you see a dentist who participates with Delta Dental. This is because dentists who participate in Delta Dental’s network cannot charge you more than the allowed amount for covered services. However, non-participating dentists can bill you for an amount that is greater than the allowed amount set by Delta Dental for covered services. If a non-participating dentist charges more than the allowed amount, you are responsible for paying the difference. Delta Dental payments vary by service, based on Delta Dental’s schedule of allowed amounts for its networks. Your annual reimbursement maximum is \$1,500 per plan year per participant. Additional information about the Delta Dental Plan can be found on the SBO website. Select “Benefit Programs,” choose “Dental,” then select “Delta Dental.” On this page, you can access benefit descriptions, rates and find a provider.

**The Dominion National** plan provides you the choice of any participating dentist in the Select Plan network. If you choose to enroll in the Dominion National plan make sure *before* you enroll that your dentist participates in the Select Plan network by viewing the provider listing found on the Dominion National website. You cannot change plans or drop coverage during the plan year if your dentist decides to no longer participate in the plan. If your dentist decides to no longer participate in the plan, your only option is to select a different dentist from the provider listing.

The Dominion National plan provides limited costs, fixed fees and low premiums. It is important to note that you will need to pay a \$10 office visit copayment for your cleaning at the time of service. But, for each member who gets their two cleanings during the plan year and completes a survey, Dominion National will reimburse you \$20. Additional information about the Dominion National Plan can be found on the SBO website. Select “Benefit Programs,” choose “Dental,” then select “Dominion National.” On this page, you can access benefit descriptions, rates and find a provider.

Please note: School district employees who are offered school district dental coverage are not eligible to enroll under the State's Dental Plan. Delaware Technical and Community College (DTCC) employees have the option of enrolling in both the State's dental and/or the DTCC dental plan. Employees should contact their Human Resources/Benefits Office for more information regarding their dental options.

### **Benefits – Vision**

EyeMed administers the State's vision program. EyeMed provides a network of participating providers for State of Delaware members. This network is called Insight. Members have the flexibility to use in-network or out-of-network providers; however, choosing in-network providers will give members the best value and pay a higher amount of the cost of services covered under this benefit.

The benefits under the State of Delaware's EyeMed program include coverage for exams with dilation as necessary, frames, lenses or contact lenses and much more.

Did you know that the vision program also offers benefits for vision therapy, diabetic eye care, discounts on laser vision correction and additional savings? Members have the opportunity to apply their contact lens benefits at ContactsDirect.com. Members can also apply their in-network vision benefits at Glasses.com.

The State's vision program also offers discounts on hearing exams, hearing aids, free batteries for two years with initial purchase and a three year warranty.

The vision enrollment is a binding election. This means the contract holder cannot terminate their vision enrollment outside of Open Enrollment. The only changes permitted are to add or drop coverage for a dependent based on certain qualifying events during the plan year. All the information you need to know about the Vision plan, including benefit descriptions, rates and discounts, is located on the SBO website. Select "Benefit Programs," then choose "Vision."

### **Benefits – Group Universal Life (GUL) Insurance**

Think about it. If you passed away, what would happen to the people who depend on you for financial support? Here are four reasons why life insurance is important to have: (1) Peace of mind that your family will be protected in the event of an unexpected loss of your life; (2) Can be used to pay your funeral/burial costs; (3) Can be used to pay off large debts when you pass away, such as your mortgage, medical expenses and credit cards; and (4) To leave an inheritance for your children for their future expenses, including college.

The State of Delaware has partnered with Securian to provide Group Universal Life, or simply GUL, insurance benefits. GUL is a type of permanent life insurance with the option for tax-deferred cash accumulation, which means you have the option to make *additional* premium contributions that grow tax-deferred in a cash accumulation account. Contributions made to your cash accumulation account earn a fixed rate of return, guaranteed not to fall below 4 percent.

GUL offers flexible protection and an excellent option for enhancing your family's overall financial security. You have the option to enroll in life insurance for yourself and your dependents. And the good news is, enrollment in the GUL program is open throughout the year! Proof of good health is required for elected amounts that exceed guaranteed issue amounts, or if you elect coverage after the initial 90-day eligibility period that typically applies upon hire into a benefits-eligible position. All members who

enroll in the GUL plan are automatically provided a matching amount of Accidental Death and Dismemberment, or simply AD&D, coverage to age 70. AD&D provides your beneficiaries with financial protection if your death is due to a covered accident or provides you a benefit if you are dismembered as a result of a covered accident.

So, you may be asking yourself?

- How much life insurance do I need?
- What coverage options are available and who can enroll in the GUL plan?
- How much does it cost?
- How do I enroll and/or make coverage changes?

For answers to these questions and more, visit the SBO website. Select “Benefit Programs,” then choose “Life Insurance.” Here you will find contact information for Securian. Under “Benefit Descriptions, Helpful Resources & FAQs,” you can access Ellie (your interactive GUL benefits guide), a short video about the GUL program, an Insurance Needs Calculator and information about the value added services available such as Legal, Financial, Grief and Travel Assistance. You can also access plan rates, important forms and step-by-step guidance on how to enroll online and/or make coverage changes.

### **Benefits – Aflac Supplemental Benefits**

#### **Supplemental Benefits by Aflac**

Aflac provides supplemental insurance for individuals to help with out-of-pocket expenses that arise from covered accidents or illnesses that major medical insurance may not cover. Aflac offers two distinct product options for eligible State of Delaware employees.

#### **AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE**

Aflac Group Accident Advantage Plus helps pay for out of pocket costs that can arise from a covered accident such as fractures, dislocations and lacerations. Aflac Group Accident Insurance also includes an Annual Wellness Benefit for covered preventive screenings (for each covered person).

#### **AFLAC GROUP CRITICAL ILLNESS INSURANCE**

Aflac Group Critical Illness is coverage that pays you (unless otherwise assigned) a lump sum cash benefit when you are diagnosed with a covered critical illness, including but not limited to heart attack, cancer, or stroke. Aflac Group Critical Illness Insurance also includes an Annual Health Screening Benefit (for the covered employee and spouse), for covered preventive screenings.

View additional information about Supplemental Benefits by Aflac, including contact information, benefit descriptions and plan rates on the SBO website. Select “Benefit Programs,” then choose “Supplemental Benefits by Aflac.” Here you will also find instructions on how to enroll and/or make changes to your coverage.

Please note: Benefit eligible active employees who are outside of their initial eligibility period will be considered “Late Enrollees” and may be subject to approval based on answers to health questions.

### **Benefits – Employee Assistance Program (EAP) + Work/Life**

The experts at your confidential EAP+Work/Life program, administered by Health Advocate, can find resources to help you get more balance in your life. Health Advocate is available seven days a week, 24 hours a day to meet all of your needs.

**Work/Life:**

- Balancing Work & Family
- Time Management
- Working with Others
- Occupational Stress
- Career Development
- Workplace Safety/Productivity

**Personal Well-Being:**

- Anxiety; Depression; Substance Abuse
- Relationships; Family/Parenting
- Stress Management; Grief and Loss

**Living Resources:**

- Financial Help; Legal Assistance
- Childcare; Adult Care

The EAP+Work/Life program is available exclusively for State of Delaware Group Health Plan Members and their dependents, including parents and parents-in-law. Your EAP+Work/Life program, paid for by the State of Delaware, is completely confidential.

As part of your employee benefit plan, you have access to a wide range of EAP+Work/Life support services from Health Advocate, including Professional Counseling Services, Legal Services, Interactive Website and much more.

View additional information about the EAP+Work/Life Program, including contact information, benefit descriptions and helpful resources on the SBO website. Select “Benefit Programs,” then choose “EAP+Work/Life.”

**Benefits – Blood Bank**

Blood Bank of Delmarva is a 501(c)3 non-profit, community service program that provides blood and blood products for hospitals in the Delmarva region. More than 350 blood donors are needed every day to meet the needs of patients at those hospitals.

Each year, in our community, over 20,000 patients need blood or a blood product. By joining Blood Bank of Delmarva’s Members for Life program, you are showing your support for this valuable community service and helping to ensure a stable blood supply for everyone in our community. Also, each time you give, you not only save lives, but you earn rewards and benefits.

Joining is easy! Donate blood at least once a year and allow the Blood Bank to contact you when there is a need for your blood type.

Individuals interested in participating in Members for Life can view information about the program, including contact information and benefit descriptions, on the SBO website. Select “Benefit Programs,” then choose “Blood Bank.”

## **Benefits – Deferred Compensation**

The State of Delaware offers two retirement savings plans to help employees save for a secure future. The plans are voluntary and compliment the Delaware Public Employees Retirement Savings plan (or pension). Both the State of Delaware 457(b) Deferred Compensation Plan and the State of Delaware 403(b) Plan work similar to a private sector 401(k) plan. Employees can elect to have contributions to the plan taken directly out of their paycheck and can contribute pre-tax or make after-tax Roth contributions.

The State of Delaware 457(b) Deferred Compensation Plan is available to all full-time, pension-eligible employees. Part time or casual seasonal employees are not able to participate.

The State of Delaware 403(b) Plan is available to *ALL* employees who work for a public school district, the Department of Education, and Delaware Technical and Community College as well as Delaware State University. Full-time employees eligible for the 403(b) plan can also contribute to the 457(b) plan.

VOYA Financial is the State of Delaware’s retirement plan vendor and provides service and support to all State employees. The State’s retirement savings plan website is [www.delawaredefer.com](http://www.delawaredefer.com). Here employees can enroll in the plan, check their account balance, and use VOYA’s award winning retirement income planning tool, myOrangeMoney. Employees or participants can also access the online scheduling tool to set up a meeting with one of the four full-time, salary-based service representatives. They are available to help employees make informed decisions concerning their retirement savings. A toll-free number, 1-800-584-6001, is also available as well as VOYA’s smart phone mobile app called “VOYA Retire.”

Investments for the plans are divided into three easy to understand paths to help employees make the appropriate choice in regards to their investment experience.

**Path One “Do it for me”** A single fund that has a mix of investments which automatically changes its allocation to risk as the employee gets closer to retirement age. This path is the default investment choice, which means if the employee chooses *not* to select an investment the plan will automatically allocate contributions to the appropriate fund based on the participant’s date of birth. This choice has also been described as “set it, and forget it.”

**Path Two “Help Me”** A menu of carefully selected mutual funds that participants can use to build their own investment portfolio. The menu includes actively managed funds as well as index funds by Vanguard.

*The investments in path one and path two are institutionally priced, which means they are low cost and participants can move between investments for no additional charge at any time.*

**Path Three “I can do it myself”** For more sophisticated investors who are willing to do their own research, take on additional risk, and pay additional fees, the plans offer a self-directed brokerage account by TD Ameritrade. Here investors can select from a broad universe of publicly traded stocks, bonds and mutual funds.

The contribution limits for the current calendar year are listed on the screen. More information regarding the plan’s investments, including individual fact sheets that provide fund performance, can be

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found at [www.delawaredefer.com](http://www.delawaredefer.com). Employees and participants should always rely on their personal financial advisor or investment professional regarding their individual investment goals and objectives.

### **Coordination of Benefits – Spousal**

The Spousal Coordination of Benefits Policy states that generally, if your spouse is employed full-time or retired from another employer that offers health insurance and is responsible for 50 percent or less of the monthly premium for the lowest health benefit plan available, he or she is required to enroll through his or her employer's coverage as primary. When a benefit-eligible State of Delaware employee is married to a benefit-eligible Participating Group Employee, both members must enroll in separate coverage with his or her own employer. Neither member can be enrolled in more than one State Group Health Insurance Plan\*.

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans, you MUST complete a Spousal Coordination of Benefits form upon initial enrollment, each year during your Open Enrollment period and anytime your spouse's employment or insurance status changes. If an employee and spouse are both benefit-eligible State of Delaware employees or non-Medicare pensioners, the spouse who carries the benefits MUST complete a new Spousal Coordination of Benefits form each year during Open Enrollment. When completing the form, make sure to indicate in the Spouse Information section that your spouse is either a benefit-eligible State of Delaware employee or if a pensioner, that your spouse retired from the State of Delaware. If you are a pensioner and cover a spouse in the Highmark Delaware Special Medicfill Medicare Supplement plan, you DO NOT need to complete a Spousal Coordination of Benefits Form, UNLESS your spouse's employment or retiree health insurance status has changed since the last time you completed a form.

The Spousal Coordination of Benefits Form is used to determine a spouse's eligibility to receive primary coverage in a State of Delaware Group Health Insurance plan and to certify if the spouse has other health care coverage available through his or her employer or former employer. You will be contacted if additional documentation regarding your spouse's available coverage is required. Failure to complete the Spousal Coordination of Benefits Form or provide additional documentation when required, will result in a reduction of spousal benefits.

Information about the Spousal Coordination of Benefits Policy can be found on the SBO website. Select "Coordination of Benefits," then choose "Spousal." Here you will find:

- The Spousal Coordination of Benefits Policy
- Information on accessing the Spousal Coordination of Benefits Electronic Form
- A chart with examples to help determine when a spouse should be enrolled in their own employer's health plan
- Important information if your spouse's employer offers a High Deductible Health Plan with a Health Savings Account

### **Coordination of Benefits – Dependent**

The Dependent Coordination of Benefits Policy states Active State of Delaware employees, Participating Group employees and State pensioners enrolled in a health care plan under the State Group Health Insurance Program (GHIP), may cover their dependent children to age 26 in their State health care plan, dental plan and/or vision plan with no restriction on marital, employment, student, resident or tax

status. Pursuant to the Group Health Insurance Program Eligibility and Enrollment Rules, an employee's children are defined as sons, daughters, stepchildren and adopted children.

The Dependent Coordination of Benefits Form is required in accordance with the Group Health Insurance Program Eligibility and Enrollment Rules. Dependent Coordination of Benefits forms must be completed for each enrolled dependent regardless of age, upon:

- Enrollment in other health coverage,
- Any time other health coverage changes, or
- Upon request by the Statewide Benefits Office, Highmark Delaware or Aetna.

The Dependent Coordination of Benefits Form only needs to be completed for dependent children - not spouses. And, it does not need to be completed if your child only has coverage through the State GHIP.

Information about the Dependent Coordination of Benefits Policy can be found on the SBO website. Select "Coordination of Benefits," then choose "Dependent Child." Here you will find the Dependent Coordination of Benefits Policy and FAQs, the Dependent Coordination of Benefits Form for each carrier, and a helpful chart with examples showing which plan is primary (pays first) when a dependent child has more than one health care coverage.

### **Medicare Eligibility**

The State of Delaware Group Health Insurance Program (GHIP) Eligibility and Enrollment Rules require members covered under a State of Delaware health plan to follow certain obligations with regards to Medicare Part A and B enrollment in order to be eligible for health coverage through the State of Delaware based on employment status, age and/or disability.

There are two primary ways to get Medicare coverage - traditional coverage (Part A and B) and Medicare Advantage (Part C). Individuals who enroll in traditional Medicare coverage can purchase additional coverage like Medicare supplement coverage (Medigap) or Medicare prescription coverage (Part D).

Medicare Part A covers inpatient hospital stays and Medicare Part B covers doctor's visits, outpatient services, tests and preventive services. Other Medicare coverage which is becoming more common is Medicare Advantage plans, sometimes referred to as Part C or MA plans which provide all in one coverage (includes both A and B and most include prescription drug coverage). The State of Delaware DOES NOT offer any Medicare Advantage (Part C) plans and ONLY offers Medicare supplement medical coverage, known as Medigap along with Medicare Part D prescription drug coverage ONLY to eligible pensioners and spouses who do not have access to active employer coverage. **Please note: The State of Delaware Medicare supplement medical coverage and Part D prescription drug coverage IS NOT available to active State of Delaware employees or active employee spouses.**

For an active employee or active employee's spouse who is enrolled in a State of Delaware non-Medicare GHIP plan and turns age 65 years old and is eligible for Medicare, enrollment in Medicare Part A is required. Enrollment in Medicare Part B, which carries a monthly premium, is not required until the active employee retires or is no longer eligible for active employer health coverage. **PLEASE NOTE: Enrollment in Medicare Part B should be initiated three months prior to the retirement date of the active employee to ensure Medicare enrollment is effective by the employee's retirement date.** Medicare rules require that active employer coverage, when available, is always the primary payer over

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Medicare except in special circumstances where special enrollment rules apply. Special enrollment rules apply to active employees or spouses who are diagnosed with End-Stage Renal Disease (ESRD-Kidney disease) or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig’s disease. The employee and spouse are responsible for providing a copy of their Medicare Identification Cards to the Human Resource/Benefits Office and if also enrolled in coverage through another employer health plan, to the other employer’s Human Resource/Benefits Office. Additional information including special enrollment rules can be obtained from the Social Security Administration Office at 1-800-722-1213 or [www.ssa.gov](http://www.ssa.gov) or on Medicare’s website at [www.medicare.gov](http://www.medicare.gov).

**Policies**

Important policies and procedures are located on the SBO website. Select the “Policies & Procedures” button.

Here you will find information on:

- Double State Share
- Spousal & Dependent Child Coordination of Benefits
- Qualifying Events
- And more...

If you have questions about the policies and procedures, please contact the Statewide Benefits Office at 1-800-489-8933 or [benefits@state.de.us](mailto:benefits@state.de.us) from 8:00 a.m. to 4:30 p.m. Monday through Friday.

**Notices**

Health care coverage notices and other important information are located on the SBO website. Select “Policies & Procedures,” then choose “Group Health Insurance Program (GHIP) Notices.”

These notices relate to the State of Delaware Group Health Insurance Program (also known as the GHIP) and are effective as of the date shown.

Questions regarding these notices can be addressed to the Statewide Benefits Office at 1-800-489-8933 from 8:00 a.m. to 4:30 p.m. Monday through Friday or at [benefits@state.de.us](mailto:benefits@state.de.us) or questions may be directed to the additional contacts identified in the various notices.

**Open Enrollment Events – Employee Education Sessions**

Please plan to attend the employee education sessions if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program (also known as the GHIP).

Employee Education Sessions provide an opportunity to engage, ask questions and learn how to take action to make sure you are enrolled in the benefit plans that provide the best value for you and your family.

Employee Education Sessions are scheduled as follows:

**NEW CASTLE COUNTY**

**Thursday, April 26, 2018**

Delaware Technical Community College (Stanton Campus)

400 Stanton-Christiana Road, Newark, DE 19713

Conference Rooms A112 & A114

Presentation Times: 9-10am; 12-1pm; 5-6pm

**KENT COUNTY**

**Wednesday, May 2, 2018**

Delaware Technical Community College (Terry Campus)  
100 Campus Drive, Dover, DE 19904  
Education and Technology Building, Del-One Conference Center  
Presentation Times: 9-10am; 12-1pm; 5-6pm

**SUSSEX COUNTY**

**Thursday, May 3, 2018**

Delaware Technical Community College (Owens Campus)  
21179 College Drive, Georgetown, DE 19947  
William A. Carter Partnership Center  
Lecture Hall, Room 529  
Presentation Times: 9-10am; 12-1pm; 5-6pm

Representatives from the various benefit vendors will be available 30 minutes before and after the event for employees to visit their information tables to ask questions and pick up materials/giveaways. Online registration for the Employee Education Sessions is available on the SBO website. Select "Open Enrollment," choose the current Open Enrollment period, then select your appropriate group. Register for a date and time that works for you!

Please *note*: Due to limited seating, the employee education sessions are not offered to spouses and dependents.

**Open Enrollment Events – Health Fairs**

Please plan to attend the health fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program (also known as the GHIP). Spouses and dependents who are enrolled or eligible to enroll in the GHIP are welcome to attend the health fairs.

The health fairs provide an opportunity for benefit-eligible individuals to explore the benefit vendor booths and learn more about their benefit options available through the State of Delaware. No registration is required.

Statewide Benefits Office Health Fairs are scheduled as follows:

**NEW CASTLE COUNTY**

**Tuesday, May 8, 2018**

Delaware Technical Community College (Stanton Campus)  
400 Stanton-Christiana Road, Newark, DE 19713  
Conference Rooms A114 & A116  
Time: 11am-6pm

**Tuesday, May 15, 2018**

Carvel State Office Building  
820 N. French Street, Wilmington, DE 19801  
2nd Floor Mezzanine

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Time: 10am-2pm

**KENT COUNTY**

**Tuesday, May 1, 2018**

Delaware State University  
1200 N. DuPont Highway, Dover, DE 19901  
Martin Luther King Jr. Student Center  
Parlors B & C (2nd Floor)  
Time: 11am - 6pm

**Monday, May 14, 2018**

Duncan Center  
500 W. Loockerman Street Dover, DE 19904  
5th Floor - Outlook Conference Center  
Time: 11am - 6pm

**SUSSEX COUNTY**

**Wednesday, May 9, 2018**

Delaware Technical Community College (Owens Campus)  
21179 College Drive Georgetown, DE 19947  
William A. Carter Partnership Center  
Rooms 540 A-H  
Time: 10am-2pm